

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

APPLICANT(S)

10/531347

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	3					
5	3					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14						
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
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23			1			
24			1			
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27			1			
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36			1			
37			1			
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39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46						
47						
48						
49						
50						
TOTAL IND.	1	3	1	3		
TOTAL DEP.	14	28	14	28		
TOTAL CLAIMS	15	31	15	31		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						